

GYNECOLOGY

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

Cure of Prolapse in the Aged.—The gynecologist is frequently troubled to know how to treat effectively the very old women who suffer from complete prolapsus of the vagina and uterus, especially when the vagina hangs down between the thighs, becoming thickened and often ulcerated. These patients are usually too old to stand a long operation and only an extensive operation will be effective since all the attachments of the uterus and vagina have been destroyed and the atrophic muscles of the perineum are so feeble that they give little chance of a perineal repair. In such cases McARTHUR (*Med. Jour. Australia*, 1919, i, 149) suggests an operation that resembles a coat sleeve that has been sewed down the center and which therefore cannot be inverted. The operation is performed by stripping an area of mucous membrane from the anterior vaginal wall, about a finger breadth in width from just behind the orifice of the urethra to within 1 or 2 cm. of the junction of the cervix and vagina. A similar area is stripped from the posterior vaginal wall and then sewed together with a continuous catgut suture the anterior and posterior cut edges on the left side, followed by a similar suture on the right side, sewing three or four sutures on the left side, then a few sutures on the right side and thus alternating until both suture lines are complete. As the stitches are pulled taut, the cervix recedes into the vaginal orifice until it is lost to touch. The next procedure is to complete the perineorrhaphy by inserting three or four sutures into the already denuded perineum, tying them and completing the closure of the cut edges of the vaginal mucous membrane. When the operation is completed, there is practically a double vagina which prevents prolapse but at the same time allows the discharge of uterine secretions. The operation can be done very quickly and thus is especially serviceable in debilitated aged women.

Radium in Cancer.—Skepticism in regard to the value of radium in the treatment of malignancy is rapidly disappearing on account of its extensive use and the brilliant results that have been achieved in many cases especially in epithelioma, fibroids and as a palliative measure in inoperable cancer. It is now generally agreed by the surgeons of the largest clinics that radium is a valuable adjunct in the treatment of malignancy. In some places it is used only as a palliative procedure while in other places it is also being used as an anti-operative treatment. In discussing this matter Boggs (*New York Med. Jour.*, 1919, cix, 488) reminds us that several factors have brought radium into disrepute and have given the impression that the claims made were unjustified. Chief among these is allowing patients and the physicians who refer them to us to expect a permanent cure when only palliation and prolongation of

life is all that any one with ordinary medical intelligence could expect. The patient often cannot receive much palliation from any other method of treatment, but by the use of radium will improve rapidly for a time, or even a clinical cure will be obtained. Finally, on account of the extensive metastases, the patient will die after from six months to three years or more of prolongation of life. Then those who were watching the case or those who knew that radium had been used, will decide that radium had no value, without remembering or knowing the condition of the patient when radium was started. If one is to express an opinion as to the therapeutic value of a remedy, such statements should be guarded unless a study of all factors has been made and one should be without prejudice for or against the remedy. Many operators have used insufficient quantities of radium thus giving inefficient doses, or else, on the other hand, have overtreated the local growth, without attempting to treat the metastases. No one will deny that, under certain circumstances radium may be harmful rather than beneficial, since if the dose is too small or too long continued, stimulation rather than destruction may take place while, on the other hand, too large a dose may result in irreparable damage to normal tissues. Treatment of hopeless carcinoma in the past has been with morphin, but today, the author believes that it should be by radiotherapy since it is pitiful that patients with inoperable cancer, after their condition is pronounced hopeless, receive so little consideration. However, he cautions that thorough knowledge of the action of radium is essential because from that knowledge only may the proper dose be applied to produce the best results and haphazard use of radium should be discouraged. In estimating the value of radium therapy, its advocates do not claim that it supersedes surgery, but that it is a valuable adjunct to surgery, in helping to prevent recurrences after operation and in rendering inoperable cases operable and that it has proved itself one of the best palliatives we have in cases in which operation is impracticable and in many of such cases has brought about an apparent cure. In recurrent and inoperable carcinoma of the uterus, Boggs believes that radium might be considered the specific treatment, because it is the only method which retards the process to the same extent and gives the same amount of palliation. Radium is always less valuable in recurrent than in inoperable carcinoma of the uterus and since so much has been accomplished in the inoperable cases, in every primary case, no matter how early the operation has been performed, Boggs believes that there should be either ante- or postoperative treatment with radium, or both.

Operative Results in Myoma Uteri.—There were 262 cases operated upon for uterine myomata at the Woman's Hospital in New York City during the year 1918, with a mortality of 4 patients, or 1.52 per cent., according to a report which has been published by BROWN (*Am. Jour. Obst.*, 1919, lxxix, 333), and 2 of these patients died of embolus. The remaining deaths were caused in one instance by intestinal obstruction occurring eight days after myomectomy associated with a ventral suspension and removal of tuberculous appendages, while the other death followed within three days after a supravaginal hysterectomy and removal of purulent appendages. The 2 deaths from embolus in